The Sanitation Revolution & WASH Movement in ETHIOPIA
The Sanitation Revolution . . . .

Ethiopia

- Population 77 Million
- 80% of all diseases are sanitation & water related
- 46% of U5MR due to diarrhoea (176/1000)
- MDG Target 56% by 2015 = over 12 million latrines or 3,000 latrines per day
- Sanitation Coverage: 2002 = 6%, 2004 = 11%, 2005 = 15%
- Low coverage in schools and health institutions
Enabling Environment

- Sanitation Strategy
- Sanitation Protocol
- Health Service Extension Programme
- HSDP & ESDP
- PASDEP
- Advocacy
- Donor commitment
- MoU
Experiences in Amhara Region

- Population: 19 Million
- 89,910 children die each year from sanitation related diseases
- Sanitation coverage in rural areas was 3.8%
- Before the new approach approx. 100 latrines were constructed per year per district
- Since 2003/4 average number of latrines constructed per district is 26,400 per year
- By 2015 2.2 million latrines will be needed to reach the MDG’s
Experiences in Amhara Region

1) Demand creation
2) Increased knowledge & understanding
3) Behaviour change
4) Enabling environment
5) Improved access
6) Willingness to pay
7) Social Change
Experiences in Amhara Region

8) 100% sanitised villages
9) Schools as the focal point
10) Leadership involvement
11) Sanitation is everyone's business – integrated approaches
12) Appropriate technologies
“Please read me!
I am a model latrine, constructed with locally available material. The construction cost is not more than 7USD. If you use me properly I can serve you for 10 years by using me your environment and backyard will be clean and Diseases associated with open defecation will be reduced so I advise you to use me

Thank You”
Hand washing Behavior is developed

• Affordable, durable, desirable latrine design options is readily available

• There are a varieties of cost-effective technologies which have been successfully applied in Amhara region, For example, the 60 x 60 cm san plant, placed over shallow eco-pits with a simple modesty screen.

• More expensive options could be made available at the client’s expense. Each costs 7 USD.
Lessons Learned

• Community Sanitation management is carried out equally by men and women
• Community Ownership has increased
• The approach has become demand driven. However the demand from the community has been more than the district support capacity
• Community motivation to carry out material and construction management has become very high
• Community initiative from the beginning to the end has dramatically increased compared to previous interventions
Experiences in SNNPR

- Population: 14 Million
- U5MR 192/1000
- Priority Health Interventions:
  Health Service Extension Programme
  Community Mobilisation & Empowerment
  Community Health Promoters programme
Performance Contractual Agreements

- Need for mechanisms to ensure implementation of regional and national initiatives
  - Consensus between implementers and partners on performance indicators
  - Performance agreements signed between all levels of government tiers on agreed targets
  - Performance Indicators validated for their contribution towards child and maternal survival
  - Performance achievements tied to incentives
Performance Indicators

6 Indicators

- DPT3 Coverage
- Contraceptive Prevalence Rate
- Antenatal Care
- Outpatient Service Utilization
- Sanitation (latrines)
- Health Post Construction
## Trend Analysis, 2004

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Sanitation Coverage

• Break through of traditional practice
• Improved practice among families
• Quality will follow quantity
• Sustainability and continuity will be ensured through Health Extension Program
• Attitudinal change leading to societal culture and norm requires continued and targeted IEC
• Multisectoral Action Initiated to integrate with water, education and etc.
Lessons Learned

• Increased access & demand improves utilization
• Broad community mobilization needed—untapped resource
• Action-oriented approach gives results
• Accountability & responsibility ensure results
• Political commitment matters
• Universal health service coverage does not necessarily require parallel economic development
Activities in SNNPR & Amhara

Good results achieved – but additional work still needed – we feel we’re on the right road.

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<th>AMHARA</th>
<th>SNNPRG</th>
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<td>Community based education and promotion.</td>
<td>Results based performance</td>
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<td>Integrated Woreda Team Approach</td>
<td>Woreda based contractual performance agreements</td>
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<td>Schools as a focal point for intervention</td>
<td>Focus on construction</td>
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<td>Children Actively involved</td>
<td>Community Health Promotion</td>
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<td>Low cost solutions</td>
<td>Quality will follow Quantity?</td>
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<td>Hand Washing Promoted</td>
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Overall Lessons Learned . . . .

- Sanitation Promotion
- Hygiene Education
- Appropriate & affordable technologies
- Enabling environment
- Performance indicators
- Common approaches
The WASH Movement in ETHIOPIA

“Your Health is in Your Hands”
It’s all about Partnership . . . .

- Federal & Regional Government structures
- NGO’s, CBO’s, FBO’s
- Religious & Community leaders
- Development Partners & Donors
- Media
- Private Sector
- Voluntary Groups & individuals
- One common logo – joint ownership
Advocacy and Promotion . . . .

• **Advocacy** with decision makers, leaders, donors, private sector and the media.

• **Promotion** at community, school, household and individual levels
Common Messages . . . .

- Avoid different and sometimes conflicting messages
- Simple practical messages that everyone can use
- One theme per year to maximise impact – handwashing, sanitation, water quality, etc.
- Build on existing knowledge & practices
Common Messages . . . .

- YEAR 1 – Handwashing
  Wash your hands correctly using soap (or ash) before eating or preparing food and after using the latrine. (before feeding children)

- YEAR 2 – Sanitation
  Let us make it our culture to use a latrine for our health & our dignity – dispose of faeces immediately, keep our latrines clean, dispose of cleaning materials and wash our hands.
Critical Moments for Washing Hands:

1. Before cooking or handling food
2. Before feeding children or eating
3. After going to the toilet or latrine
4. After cleaning a baby’s bottom

If soap is not available, always wash both hands with ash and water.

Scrub hands together at least four times.

Wash off the ash with clean water.
Goals & Objectives . . . .

- **GOAL:** Reduce diarrhoea morbidity and mortality in children

- **OBJECTIVE:** Improved handwashing practices among caretakers and children at critical moments
RESOURCES
- Human
- Financial
- Existing dissemination mechanisms
- MoH, MoE, MoWR, NGO’s, FBO’s
- Regional Health, Water & Education Bureaus
- Private Sector
- WASH committees

INPUTS
ACTIVITIES
- Recruitment of mass media, press events.
- Creation, printing of promotional materials,
- Recruitment, activation & participation of NGO’s, FBOs,CBOs, schools, & community leaders

OUTPUTS
- Mass Media
  - TV, Radio, print
- Interpersonal Communication
  - House to house promotion with decision makers, caretakers & children
- Community Mobilisation
  - Community, religious & educational promotional events

OUTCOMES
- Improve knowledge of 4 critical handwashing moments among caretakers and children
Long Term plans . . . .

• To continue to work together in an integrated and cohesive manner.
• To strengthen the movement through additional partnerships with others
• To develop a coordination unit for WASH
• To further develop the themes and messages beyond year 3
• To enjoy the movement and the benefits it brings to everyone
THANK YOU

AMASEGENALO